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ABSTRACT

The rates of depression among a sample of 75 adolescent mothers were studied in order to investigate the relationship of environmental stress and support to depressive symptomatology and to investigate the relationship between depression and adolescents' interactions with their children. The Stress, Support, and Family Functioning Interview, developed specifically for this study, was used to measure subjects' amounts and sources of support in the categories of task performance, material aid, emotional support, information/guidance, and community services. Sources and levels of stress were also assessed in the areas of education, employment, relatives, friends, partner/spouse, children, health, housing, and finances. In addition, data were obtained on subjects' maternal behavior, maternal role satisfaction, and understanding of developmental needs through the Parental Acceptance-Rejection Questionnaire, the Maternal Role Satisfaction Questionnaire, and the Attitude Toward Child Development Questionnaire, respectively. Subjects' symptom characteristics of depression (sleep and eating disorders, feelings of powerlessness and sadness) were measured by the Center for Epidemiologic Studies Depression Scale. Taking the sample as a whole, it was found that mothers were susceptible to depression when faced with high levels of stress, particularly stress originating from partner or spouse, education, finances, illnesses, or relatives. Levels of depression tended to be low when mothers received emotional help, material support, or high levels of overall assistance. There was a strong relationship between rates of depression and maternal behaviors in young mothers aged 14 to 17. When depressed they tended to be hostile, indifferent, and rejecting of their children, more often exhibiting dissatisfaction with their maternal role and showing little understanding of the children's developmental needs. (MP)

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Depression and the Maternal Behavior of Adolescent Mothers

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Depression and the Maternal Behavior of Adolescent Mothers

Depression is experienced to some degree by everyone who must deal with life's problems. It is usually triggered by a build up of stresses including loss of close interpersonal relationships and blows to the self-esteem (21,25, 36). Depression is characterized by passivity, feelings of failure, and a sense of helplessness, hopelessness, and powerlessness (36). It has been thoroughly documented that depression is more common among women, the young, those with low levels of education, and those with low incomes (5,6,28,29). In addition, high rates of depression are found among mothers who are single or who have very young children (4,28).

These risk factors converge in a population responsible for raising 20 percent of the children born in the United States: teenage mothers. By definition, teenage mothers are young and female. The majority are also single and 97 percent choose to maintain custody of their children (1). In addition, adolescent mothers face the stresses of interrupted or terminated education, high unemployment rates, low level occupations, and poverty (7,10,16,23,24). A "syndrome of failure" frequently surrounds adolescent parents: the failure to stay in school, the failure to control family size, the failure to enter the work force and become self-supporting; and the failure to create a stable family. The current data leave little doubt that adolescent mothers face a complex of situational stresses which place them at risk for depression (2,14,24,26).

However, we know that not every mother, young or old, who faces stressful circumstances actually succumbs to depression (21,36). It has been suggested that a mother's environment may serve as a potent buffer between stress and depression (8,9,12,19,22). By offering the mother emotional support, advice and task assistance the social environment teaches the mother that she is positively valued by those willing to help in time of need and that she is not helpless in

the face of situational stress (3,11). Empirically, it has been demonstrated that close relationships which provide advice, encouragement and understanding decrease feelings of isolation, depression, and psychological impairment (3,13,17,18).

It is particularly important to study adolescent mothers' vulnerability to environmental stress since maternal depression has negative implications not only for the mother's mental health but also for her ability to rear her children (31,32). Among adult mothers, depression is related to less responsive, involved, and affectionate patterns of interaction (22,33,35). Although it is logical to assume that depression would have a similar affect on the behavior of adolescent mothers such a relationship had not been documented.

The purpose to the present study was to describe the rates of depression among a sample of adolescent mothers, to determine whether stress and support are related to depressive symptomology and to investigate the relationship between depression and adolescents' interactions with their children.

METHOD

Adolescent mothers were selected from the birth records of a county located on the outskirts of Washington, D.C. Of the 101 mothers under 19 years of age who had maintained custody of their child, continued to reside in the county and could be located, 75 agreed to participate in the study. The adolescent mothers in the study were an average of 15.6 years of age when their first child was born. At the time of the interview the ages of the mothers ranged from 15 to 19 with an average age of 17.9 years. The majority had one child between the ages of one and three years (86%), had not completed high school (58%), and were unemployed (76%). Thirty-two percent of the sample were married while 68% were single, separated, or divorced. Sixty percent of the sample were white, 40%

were black. Forty-eight percent were on welfare while others were supported by their husbands (28%), their parents (12%), or their own income (12%). Data were obtained by means of a structured interview in the respondents' homes.

The Stress, Support, and Family Functioning Interview, which was developed for this study, measured amounts and sources of support in the categories of task performance, material aid, emotional support, information/guidance, and community services as well as stress in the nine areas of education, employment, relatives, friends, partner/spouse, children, health, housing, and finances.

The Parental Acceptance-Rejection Questionnaire (PARQ) was used to measure maternal behaviors in the areas of warmth/affection, aggression/hostility, neglect/indifference and rejection. The PARQ shows a median reliability of .91 as well as good concurrent and discriminant validity (30). The Maternal Role Satisfaction Questionnaire, defined as the mother's gratifications and frustrations in the mothering role, by responses to statements such as, "Being a mother is much more difficult than I expected." Finally, the Attitude Toward Child Development Questionnaire, measured the mother's understanding of the developmental needs of children and included such as, "If infants are picked up whenever they cry it will spoil them."

The final measure, The Center for Epidemiologic Studies Depression Scale (27) was designed as a measure of symptoms characteristic of depression (sleep and eating disorders, feelings of powerlessness and sadness). Pilot tests of the scale have found high construct validity, concurrent validity, internal consistency and test-retest reliability (27). A validation study demonstrated that the CES-D is a sensitive tool for detecting depression and that it is significantly related to more lengthly self-report scales and clinical ratings (37). Following previous research, the current study used a score of 16 points or more as an indicator of depression (15).

RESULTS

On the criterion measure of depression 59% of the sample were rated as depressed.

Three demographic characteristics were significantly related to depression: When the adolescent was single ($r = -.28, p < .01$), when she had fewer years of education ($r = -.19, p < .05$) and when she was between 14 to 17 years of age ($r = -.19, p < .05$) rates of depression were high. For this sample of adolescent mothers socioeconomic status, race and characteristics of children were not related to depression.

Table 1 presents the relationships between depression, stress and support. When considered as a whole, it may be seen that the mothers in the sample were susceptible to depression when faced with high levels of stress, particularly from a partner or spouse, educational pressures, financial problems, illnesses or problems with relatives. When the sample is broken into subgroups, however, it is apparent that stress was more strongly related to rates of depression for married mothers, for mothers who have not completed their high school education and for mothers between the ages of 14 and 17. Levels of depression tended to be low when mothers received emotional support, material aid, or high levels of overall assistance, but to be higher if the mothers relied on community services for support. For single mothers all forms of support except information and advice were protective of their mental health while married mothers derived the most benefits from emotional support and total amount of support. There was virtually no relationship between support and depression for mothers who had finished high school or who fell into the 18-19-year-old age group. Young mothers, who were less likely to have completed their high school education ($r = .63$, $p < .001$), were likely to be depressed if they lacked assistance in the categories of emotional, material, community services, and total support.

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Table 1 here
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For the young mothers in the sample under consideration there was a strong relationship between rates of depression and maternal behaviors as shown in Table 2. When mothers were depressed they tended to be hostile, indifferent, and rejecting of their children. In addition, they were more often dissatisfied with their maternal role and showed little understanding of the developmental needs of children. These relationships were the strongest for married mothers, those who had not completed their high school education, and those who fell in the youngest age group.

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Table 2 here
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DISCUSSION

As a group, adolescent mothers are at a high risk for depression. The 59% of the current sample who were rated as depressed may be compared with 21% of the individuals in the general population (27) and 48% of low income adult mothers (3) who score above the CES-D cutoff of 16.

The youngest group of mothers were vulnerable to the impact of seven of the nine forms of stress. One could argue that this is because they are least prepared to assume the role of mother, have the lowest level of education, and are most heavily dependent on their parents. The stigma of early motherhood may also weigh most heavily on this group since, in terms of absolute numbers of years, they are the farthest from the age our society decrees as the norm for the transition to motherhood. The youngest mothers may also be more affected by stress since they are likely to have less experience in dealing with difficult situations and to have a more limited repertoire of skills to help them cope with problems.

Although married mothers reported less stress, the data show that there is a strong relationship between the stress they do experience and their mental health. An explanation for this may be found in the life situations of single and married adolescents. Single mothers most often lived with their families ($r = .89$, $p < .001$) and reported an average of five adults in the household. The availability of such a large pool of potential help tends to relieve the single adolescent mother of feelings of pressure and responsibility for supporting her child in the areas of employment, finances, and housing. In a similar manner, the impact of caring for a child and dealing with illness may be cushioned by the presence of a number of other adults. Being relieved of the pressures of many day-to-day responsibilities, single mothers are most affected by stresses generated by interpersonal relationships with their relatives and boyfriends. In contrast, the married mother lives alone with her husband who is often still an adolescent himself. Under such circumstances married mothers have fewer individuals to share responsibilities with and are more likely to be burdened and depressed when there are problems associated with child care, illnesses, and finances.

Not all forms of support had an equally strong association with adolescent mothers' depression. Emotional, material, and total support were most strongly related to adolescents' mental health, while task assistance and information had a limited impact. Relying on community services for support was related to high rather than to low levels of depression. This latter finding should be interpreted with caution as it is probably that mothers who are forced to rely on community services also face greater financial stress and receive less support from their families.

In an exception to the general pattern, the depression of older adolescents and those who had finished high school was virtually unaffected by any form of support. One plausible explanation for this finding is that support interacts with the level of stress and serves a protective function only when the individual faces extremely stressful circumstances (8). The more highly educated and older adolescents did in fact report lower levels of stress. Facing less trying circumstances as a result of the birth of their children these groups are in less need of support and are less affected by the amount of support they do receive.

Investigations such as this have particularly important implications in an era of restricted funding when public and private service agencies are unable to keep pace with demands for professional assistance and need to identify those individuals facing difficult life circumstances who are at the greatest risk. Our data on the factors that place adolecent mothers at risk indicate that resources should be concentrated on those who are in the youngest age group, have failed to finish high school and who are isolated from the help they need to maintain their mental health and to care for their children.

TABLE 1

CORRELATIONS OF MATERNAL DEPRESSION WITH

STRESS AND SUPPORT

	All Mothers (N=75)	Single Mothers (N=51)	Married Mothers (N=24)	High School (N=33)	< High School (N=42)	Age 14-17 (N=30)	Age 18-19 (N=45)
Stress							
Educational	.27**	.21	.29	.42**	.17	.40*	.18
Employment	.15	.14	.01	.01	.17	.35*	-.05
Relatives	.22*	.27*	.15	-.10	.31*	.55***	-.08
Friends	-.05	-.04	-.08	-.07	-.04	-.09	-.04
Partner/Spouse	.41***	.32**	.67***	.24	.44**	.55***	.24
Children	.13	.04	.40*	.18	.09	.52**	-.07
Health	.24*	-.07	.45**	.20	-.03	.11	-.07
Housing	.17	.09	.44**	.08	.23	.33*	.08
Finances	.26**	.21	.44**	.02	.33*	.37*	.20
Total Stress	.38***	.28*	.56***	.22	.42**	.61***	.13
Support							
Task Assistance	-.16	-.26*	-.28	-.13	-.15	-.16	-.21
Emotional	-.30**	-.23*	-.45**	-.09	-.33*	-.50**	-.04
Material	-.25**	-.26*	-.21	-.06	-.37**	-.37*	-.22
Community Services	.30**	.26*	.24	.18	.31*	.21	.34**
Information/Advice	-.10	-.16	.00	.01	-.19	-.21	-.04
Total Support	-.31**	-.27*	-.40*	-.12	-.29*	-.42**	-.13

*p<.05. **p<.01. ***p<.001.

TABLE 2

CORRELATIONS OF MATERNAL DEPRESSION WITH

MATERNAL ATTITUDES AND BEHAVIORS

	All Mothers (N=75)	Single Mothers (N=51)	Married Mothers (N=24)	High School (N=33)	<High School (N=42)	Age 14-17 (N=30)	Age 18-19 (N=45)
Role Satisfaction	-.23*	-.10	-.45**	-.16	-.27	-.51**	.00
Attitude Childrearing	-.30**	-.27*	-.23	-.20	-.31*	-.26	-.26*
PARQ Warmth	-.06	-.27*	-.11	-.05	-.03	.11	-.21
PARQ Aggression	.43***	.27*	.48**	-.07	.70***	.77***	.11
PARQ Neglect	.32**	.27*	.48**	-.01	.70***	.63***	.17
PARQ Rejection	.43***	.40**	.44*	-.17	.60***	.69***	.09
PARQ Composite	.15	.11	.51**	.03	.71***	.72***	.05

*p<.05 **p<.01 ***p<.001

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